

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036987

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

2590

FILED SEP 20 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis,

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kirkwood,

Length of stay in 1b

10 YEARS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

St Josephs Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR

TOWN

House Springs,

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

705 Cottage Grove- Box 386

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

GEORGE

Middle

E.

Last

BURGOLTY

4. DATE

OF DEATH

Month

Sept.

Day

4th,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-28-1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Oilier-Unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Burgolty

13b. MOTHER'S MAIDEN NAME

Emma Glenville

14. NAME OF HUSBAND OR WIFE

Elizabeth Burgolty

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W. War #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Elizabeth Burgolty-705 Cottage Grove,

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute myocardial infarct
coronary thrombosis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 1961 to Sept 4, 1962 and last saw him alive on Sept. 4, 1962

Death occurred at 8:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles E. Hoggan, M.D.

22b. ADDRESS

135 W. Adams Ave., Kirkwood, Mo.

22c. DATE SIGNED

Sept 6, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 7, 1962

23c. NAME OF CEMETERY OR CREMATORY

National

23d. LOCATION (City, town, or county)

St. Louis County,

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser-4228 S.Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

9-6-62

26. REGISTRAR'S SIGNATURE

John Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

14003

20500

3

4 0

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8 2

94201

10

11

12440

13

Dr. Chas E. Hogancamp,
135 W. Adams
Yo. 5-5868
Thurs. 10 am

SEP 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. W. Storesand

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.